NVS Proposal Form

Submitted by

The Government of the

Republic of Congo

Date of submission: **[7 September 2016]**

Deadline for submission:

i. 15 January 2016
ii. 1st May 2016
iii. **9 September 2016**

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

Start Year	2012	End year	2016

Form revised in 2015

(To be used with Guidelines dated November 2015)

Note: Please ensure that the application has been received by Gavi on or before the day of the deadline.

GAVI ALLIANCE GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by Gavi will be used and applied for the sole purpose of carrying out the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by Gavi. All funding decisions for the application are made at the discretion of the Gavi Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify Gavi in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. Gavi will provide the necessary documents for the approved change and the country's request will be duly amended.

RETURN OF FUNDS

The Country agrees to reimburse to Gavi all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by Gavi, within sixty (60) days after the Country receives Gavi 's request for a reimbursement and be paid to the account or accounts as directed by Gavi .

SUSPENSION/ TERMINATION

Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purposes other than for the programmes described in this application, or any Gavi-approved amendment to this application. Gavi reserves the right to terminate its support to the Country for the programs described in this proposal if Gavi receives confirmation of misuse of the funds granted by Gavi.

ANTICORRUPTION

The Country confirms that funds provided by Gavi will not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessments to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. In the event of disputes regarding a potential misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application and Annual Progress Report are accurate and correct and form legally binding obligations on the Country, under the Country's law, to carry out the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH GAVI'S TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with Gavi's Transparency and Accountability Policy (TAP) and complies with the requirements set forth therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replacing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and Gavi arising out of or relating to its application that is not settled amicably within a reasonable period of time will be submitted to arbitration at the request of either Gavi or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland.

The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by Gavi . For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

Gavi will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, conflict of interest, property damage, personal injury or death. The country is solely responsible for all aspects of managing and implementing the programmes described in its application.

1. Type of support requested:

Please specify the type of Gavi support you would like to apply for.

Type of support	Vaccine	Start Year	End year	Preferred second presentation[1]
Preventive campaign support	MR, 10 dose(s) per vial, LYOPHILISED	2017	2023	MR, 5 doses per vial, LYOPHILISED

[1] For a variety of reasons, Gavi may not be in a position to accommodate all countries' first product preferences, and in such cases, Gavi will contact the country to explore alternative options. A country will not be obligated to accept its second or third preference; However, Gavi will engage with the country to fully explore a variety of factors (such as implications on introduction timing, cold chain capacity, disease burden, etc.) which may have an implication for the most suitable selection of vaccine. If a country does not indicate a second or third preference, it will be assumed that the country prefers to postpone introduction until the first preference is available. It should be noted that this may delay the introduction in the country.

2. Table of Contents

3. Executive Summary

Please provide a summary of your country's proposal, including the following information:

- For each specific request, NVS routine support or NVS campaign:
  - Duration of support
  - The total amount of funds requested
  - Characteristics of vaccine(s), if necessary, and the reason for the choice of the format
  - Projected month and year of vaccine introduction (including for campaigns and for routine immunisations)

- Relevant baseline data, including:
  - DTP3 and Measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form)
  - Target population identified on the basis of an assessment of the risks of yellow fever and Meningitis A
  - Birth cohort, targets and immunisation coverage by vaccines

- Country preparedness
  - Summary of the activities planned to prepare for the launch of the vaccine, including the EPI assessment, progress on the EPI improvement plans, public relations plans etc.
  - Summary of the EPI assessment report and progress report on the implementation of the planned improvements

- The nature of stakeholders' participation in the development of this proposal
  - Inter-Agency Coordinating Committee (ICC)
  - Partners, including CSO

En 2011, the 61st Meeting of the Regional Committee adopted a resolution recommending the elimination of measles by 2020, following up on Resolution A64/14 of the World Assembly held that same year.
To support the country in the implementation of these strategies, Gavi has given the country the opportunity to apply for the implementation of an immunisation campaign against measles and rubella as a prelude to the introduction of the combined MR vaccine into the routine EPI.
Congo, a country in the phase of accelerated transition with Gavi, has the opportunity to receive a Gavi grant for 50% of the vaccines for the implementation of the campaign and an allowance for the introduction of the MR vaccine into the routine EPI.
On the epidemiological level the Congo, like other countries in sub-Saharan Africa, is facing a re-emergence of measles. This situation has resulted in significant morbidity and mortality, particularly among children under the age of 5.
Immunisation coverage with the measles-containing vaccine is less than 95%, which is below the objectives for the elimination of measles. This situation is responsible for numerous epidemic outbreaks in recent years.
In addition, according to WHO data, the Congo is one of the countries where the incidence of measles is high, between 10 and 50 cases per one-million inhabitants.
The support hoped-for from Gavi will be translated by support for 50% of the costs of the vaccines and injection supplies, i.e. USD 389,821.50.
The campaign is planned for the period from 15 to 19 November 2017; the introduction into the routine EPI is planned for 20 November 2017.
Country coverage data according to the official estimates of the WHO/UNICEF 2015 Joint Report:

- DTP3: 80%
- MV: 80%
- Drop-out rate: DTC1-3: 6%

Target population of the campaign: cohort of children between the ages of 9 months and 14 years (43%), i.e. 2,103,023 (Projection 2017, GPHC 2007).
In preparing the campaign, the Congo has prepared the plans for the implementation of the MR campaign and the introduction of the MR vaccine into the routine EPI 15 months in advance. These plans have been prepared in a participatory manner with the support of the partners and have been validated by the ICC. In accordance with the 2012-2016 cMYP, a review of the EPI was conducted in 2014, followed by the EVM In 2015. The 2017-2021 cMYP, which is in preparation, takes into consideration the plans for upgrading the EVM, strengthening the cold chain, data quality and the programme aspects in relation to the introduction of the MR vaccine and the campaign. Pending the cMYP, which is being prepared, an addendum describes the principal national lines of action toward eliminating measles by 2020.

4. Signatures

4.1. Signatures of the Government and National Coordinating Body

4.1.1 The Government and the Inter-Agency Coordinating Committee (ICC) for immunisation

The Government of the Republic of Congo wishes to consolidate the existing partnership with Gavi to strengthen its national routine infant immunisation program and is specifically requesting Gavi support for:

MR, 10 dose(s) per vial, LYOPHILISED, prevention campaigns

The Government of the Republic of Congo commits itself to developing national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan submitted with this document. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

It should be noted that any request not signed by the Ministers of Health and Finance or by their authorised representatives, will not be examined or recommended for approval by the Independent Examination Committee (IEC). These signatures appear in Documents Nos.: 2 and 1 in Section 10. Attachments

Minister of Health (or authorised representative)		Minister of Finance (or authorised representative)	
Name	Jacqueline Lydia MIKOLO	**Name**	Calixte NGANONGO
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted by the Gavi Secretariat if additional information related to this proposal is required):

Full name	Title	Telephone	E-mail
Dr Yolande VOUMBO MATOUMONA	CEO, Population	00 242 05 551 67 07	yvoumbo@yahoo.fr
Dr Hermann Boris DIDI NGOSSAKI	Medical Director, Expanded Immunisation Program	00 242 06 666 47 88	didi_boris@yahoo.fr
Dr Edouard NDINGA	WHO IVD Country Advisor	00 242 05 060 60 07	ndingae@who.int
Dr Gildas GANGOUE	UNICEF EPI Country Administrator	00 242 05 538 64 42	ggangoue@unicef.org
Mr Jean Paul PAKA	Person responsible for EPI follow up/evaluation	00 242 06 684 69 05	jeanpaulpaka@gmail.com

4.1.2 National Coordinating Body - Inter-Agency Coordinating Committee for Immunisation

Agencies and partners (including development partners and NGOs) supporting immunisation services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC, Health Sector Coordinating Committee (HSCC), or equivalent committee). The ICC, HSCC, or equivalent committee is responsible for coordinating and guiding the use of the Gavi NVS routine support and/or campaign support. Please provide information about the ICC, HSCC, or equivalent committee in your country in the table below.

Profile of the ICC, HSCC, or equivalent committee

Name of the committee	Inter-Agency Co-ordination Committee

Year of formation of the current committee	2004
Organisational structure (e.g., sub-committee, stand-alone)	Chairmanship, secretariat
Frequency of meetings	4 per year

The Terms of Reference or Standard Operating Principles for the ICC, including details on the ICC membership, quorum, dispute resolution process and meeting schedules are presented in the attached document (Document No.: 4).

Major functions and responsibilities of the ICC/HSCC:

Strategic coordination for the EPI is provided by the Interagency Coordination Committee (ICC) chaired by the Minister of Health and Population. All the agencies of the United Nations System supporting immunisation are members of this committee. Representatives of the Ministries of Finance and Planning are also members of this committee. This committee is responsible for setting the goals of the programme and raising the funding necessary for the implementation of these action plans.

Please describe the type of support offered by the different partners in the preparation of this request:

Technical support

4.1.3 Signature Table for the Coordinating Committee for Immunisation

We, the undersigned members of the ICC, HSCC or equivalent committee [1] met on **DD/MMM/YYYY** to examine this proposal.. At that meeting, we approved this proposal on the basis of the supporting documentation attached. The endorsed minutes of this meeting are attached as document number 5. The signatures confirm the request presented in Document 7 (please use the list of signatures in the following section).

Please refer to Annex C of the “Gavi HSS and NVS General Guidelines” for more information on ICCs.

Title	Title / Organisation	Name	Please sign below to indicate your attendance at the meeting during which the proposal was discussed.	Please sign below to indicate your approval of the minutes of the meeting during which the proposal was discussed.

By submitting the proposal we confirm that a quorum was present. **[Yes]**

The minutes from the three most recent ICC meetings are attached as DOCUMENT NUMBER: 6).

4.2. National Immunisation Technical Advisory Group NITAG

Has a NITAG been set up in your country? **[No]**

We the undersigned members of the NITAG met on the **[DD/MMM/YYYY]** to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation describing the decision-making process through which the recommendations were reached, attached as Document number 26.

4.2.1 The NITAG Group for Immunisation: N/A

Profile of the NITAG

Name of the NITAG	
Year of constitution of the current NITAG	
Organisational structure (e.g., sub-committee, stand-alone)	
Frequency of meetings	

Title	Title / Organisation	Name
Chair		
Secretary		
Members		

Major functions and responsibilities of the NITAG

N/A

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG. This document is appended as Document number 8.

5. Data on the immunisation program

5.1 Reference material

Please complete the tables below, using data from available sources. Please identify the source of the data, and the date. Where possible use the most recent data and attach the source document.

- Please refer to the Comprehensive Multi-Year Plan for Immunisation (or equivalent plan), and attach a complete copy with an executive summary (DOCUMENT NUMBER 9). Please attach the cMYP costing tool (DOCUMENT NUMBER 10).
- Please attach relevant Vaccine Introduction Plan(s) as DOCUMENT NUMBER : 12
- Please refer to the two most recent joint WHO/UNICEF reports on immunisation activities.
- Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.
- Please refer to the attached risk assessments in the case of yellow fever and meningitis A mass preventive campaigns.

Please use the most recent data available and specify the source and date.

	Figure	Year	Source
Total population	4,966,549	2017	2017 Forecast of the 2007 GPHC
Birth cohort	220843	2017	2017 Forecast of the 2007 GPHC
Infant Mortality Rate	39/1000	2011	EDS-C 2011
Surviving infants[1]	212230	2017	2017 Forecast of the 2007 GPHC
GNI per capita (US$)	2540	2015	World Bank data:
Total Health Expenditure			
General government expenditure on health (GGHE) as % of overall government expenditures	8.7	2012	WHO-MDG Report

[3] Surviving infants = Infants who survive the first 12 months of life

5.1.1 Lessons learned

Support for new routine vaccines

Preventive campaign support

If the vaccine campaigns [MR] have already been conducted in your country, please provide details on the lessons learned, specifically with regard to the following data: storage capacity, protection against accidental freezing, personnel training, cold chain, logistics, coverage, wastage etc. and suggest action items or indicate the measures taken to resolve any problems. If they are included in the introduction plan or plan of action, please just cite the section. If this information is already included in the NVIP/AP, please reference the document and the section/page where this information can be found.

The Congo has never conducted an MR campaign, although several anti-measles campaigns have been conducted

Lessons Learned	Measures
N/A	

5.1.2- Planning and budgeting of health services

Please provide some additional information on the planning and budgeting context in your country:

Congo has a National Health Development Plan (NHDP) that covers the period 2012 -2016. This plan constitutes the framework for planning by all the national sectors. The sectoral plans are aligned to this NDP. The 2017-2021 NDP is being prepared.

Please indicate the name and date of the relevant planning document for health

The current health sector planning document is the Two-Year Health Development Plan (2015-2016 NHDP).

Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content etc)?

The Congo's cMYP covers the years 2012-2016 and therefore extends to the end of the cycle. It will be revised in October 2016 and will cover the period 2017-2020. This new cMYP will incorporate the planning of the MR campaign and the introduction of the two-dose MR in accordance with the orientations of the regional strategic plan for the eradication of measles and rubella. An addendum is attached to the proposal and incorporate the projected implementation of the MR campaign and the introduction of MR.

Please indicate the national planning budgeting cycle for health

There is a multi-year and annual planning and budgeting cycle for the health sector. This cycle is the Medium-Term Expenditures Framework, which is broken down into annual budgets.

Please indicate the national planning cycle for immunisation

Immunisation planning and budgeting follows the cycle of the health sectors. Multi-year planning budgeting (cMYP) and annual action plans and budgets.

5.1.3 Gender and equity

Please describe any barriers to access, utilisation and delivery of immunisation services at district level (or equivalent) that are related to geographic, socio-economic and/or gender equity. Please describe actions taken to mitigate these barriers and highlight where these issues are addressed in the vaccine introduction plan(s).

The different surveys conducted (External review of the 2014 EPI, 2011-2012 Demographic and Health Survey C, do not show any difference in coverage by gender. Nevertheless, differences in coverage have been identified, based on:

- the educational level of the parents: the proportion of fully immunised children born to illiterate mothers is 47%, compared to 79.1% for mothers with some level of education,
- an urban environment (79.9%) and a rural environment (59.3%),
- and also between the richest quintiles and the poorest quintiles.

Please examine whether questions of equity (socio-economic, geographic and gender-specific) factor have been taken into consideration in the process of preparing social mobilisation strategies, among other things, to improve immunisation coverage. Specify whether these issues are addressed in the vaccine introduction plan(s).

Equity in availability (geographic and socio-economic) remains insufficient. There are a number of reasons that contribute to this situation, including: (i) the Reach Every District (RED) approach is insufficiently implemented, (ii) shortages of vaccines on the operational level. A public relations plan has been developed to increase loyalty among the population in general and especially those (native) populations that require immunisation.

Please indicate if sex disaggregated data is collected and used in routine immunisation reporting systems.

Certain data compilation tools take gender into consideration, although reporting and analysis require further strengthening.

Is the country currently in a situation of fragility (e.g. insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake or drought or others)? If Yes, please describe how these issues may impact your immunisation programme, planning for introduction of routine vaccines or campaigns and financing of these activities.

The country has received thousands of displaced persons from the Central African Republic. These populations are being taken into consideration in the planning of supplementary and routine immunisation activities.

If possible, please provide additional information and documents on the data relative to sub-national coverage, for example comparisons between urban and rural districts, or between districts with the highest and lowest coverage etc.

The Annual Report of the EPI gives rates of coverage by MCV by urban and rural health districts. Out of a total of 30 health districts in the country, 10 (i.e. 33%) have achieved the national objective set at 85%; 19 have achieved rates of coverage between 50% and 85%. One district has a coverage rate less than 50%. The annual report is attached.

5.1.4 Data quality

Please attach a data quality assessment (DQA), report if one has been completed within the previous 48 months (DOCUMENT NUMBER: 27). If available, an improvement plan and progress report on the implementation of the improvement plan should also be submitted (DOCUMENT NUMBER: 11 DOCUMENT NUMBER: 28).

If DQA not available, please briefly describe plans to establish mechanisms for data quality assessment.

In 2014, the external review has analysed the quality of routine immunisation data and an improvement plan is attached. The activities for this plan are taken into consideration in the framework of the HSS financing.

The DQA improvement plan is attached.

Please indicate what routine mechanisms to independently assess the quality of administrative data are in place, and if so what these mechanisms are and how they enable the country to track changes in data quality over time.

The data management section of the EPI receives monthly reports from all the country's health districts. The analysis of the data resulting from these reports makes it possible to assess the quality of the data. Feedback is provided to the health districts and departments. Data validation meetings are held monthly in each health district and department.

Please detail what household surveys have been conducted in recent years to independently assess immunisation coverage and equity, and describe any survey plans for the coming five-year period.

The external review of the EPI (2014) and the demographic and health survey (2011-2012(, Congo.

The external review of the EPI, the EPI Immunisation Coverage Survey and the Demographic and Health Survey are the survey projects planned for the next five years.

5.1.5 Coverage by anti-measles immunisation

Please provide information on coverage by anti-measles immunisation

Table 5.1.5: MCV immunisation coverage

Coverage	2011		2012		2013	
	Administrative*(1)*	WUENIC*(2)*	Administrative*(1)*	WUENIC*(2)*	Administrative*(1)*	WUENIC*(2)*
Measles 1st dose (%)	88.31	90	78	80	79	80
N/A	N/A	N/A	N/A	N/A	N/A	N/A

Coverage	2014		2015	
	Administrative*(1)*	WUENIC*(2)*	Administrative*(1)*	WUENIC*(2)*
Measles 1st dose (%)	80	80	76	80
Measles 2nd dose	N/A	N/A	N/A	N/A

Coverage	2011		2012		2013	
	Administrative*(1)*	Coverage Survey	Administrative*(1)*	Coverage Survey	Administrative*(1)*	Coverage Survey
Supplementary Immunisation Activities (SIA) (%)	N/A	N/A	N/A	N/A	91.5	86

Coverage	2014		2015	
	Administrative*(1)*	Coverage Survey	Administrative*(1)*	Coverage Survey
Supplementary Immunisation Activities (SIA) (%)	N/A	N/A	N/A	N/A

Note:

(1) National administrative coverage

(2) National immunisation coverage estimated by WHO/UNICEF

The most recent Supplementary Immunisation Activities (SIA) result from administrative coverage or an acceptable methodological survey **[Administrative Coverage/Survey]**

5.2. 5.2 Baseline data and annual objectives (NVS routine immunisation)

No routine NVS support is being requested

5.3. Target for the preventive campaign(s)

5.3.1 Targets (MR campaign)

Please specify cohort for rubella-containing vaccines (RCV):

MR Start **[9 months]**

MR End **[14 years]**

Population of the cohort = population [9 months - 14 years] years

Gavi only provides assistance to the countries for the Rubella-Containing Vaccine make-up campaign by supplying doses of MR vaccine for a target population of girls and boys ages 9 months to 14 years (the exact range within the field of application of 9 months to 14 years will depend on MR in the country).

Table 5.3.1 Reference numbers for the SNV preventive campaign for MR

Number	Data on objectives
	2017
Total target population	2,013,023
Wastage rate (%) for MR (campaign)	10
Maximum wastage rate for MR (campaign)	10%

6. 6 New and underused vaccines (routine NVS)

No routine NVS support is being requested

7. 7. NVS Preventive Campaigns

7.1. 7.1. Assessment of burden of relevant diseases related to the campaign (if available)

Disease	Title of the assessment	Date	Results
Measles	Case-based surveillance.	2015	267 cases per million inhabitants
Rubella	Assessment of the incidence of rubella in 2013 (WHO/IVB database)	28 June 2014	10 to 50 cases per million inhabitants

Please attach the Plan of Action for each campaign as Document No. 29.23 in Section 10.

7.1.1 Epidemiology and disease burden for Measles-Rubella

Please select at least one of the following information sources to document the results relative to the disease burden of MCV diseases:

Epidemiological information on the burden of the disease:

- ☐ 1 - Rubella data from the measles case-based surveillance system (including the age distribution of rubella cases)
- ☐ 2 - Rubella seroprevalence surveys
- ☐ 3 - Information on the morbidity of congenital rubella syndrome, e.g. look-back study, assessments modeled on morbidity of forward-looking CRS surveillance
- ☐ 4 - Other

7.2. 7.2 Demand for MR, 10 dose(s) per vial, LYOPHILISED, campaign support

7.2.1 Summary for MR campaign support

When is the country planning to conduct the MR make-up campaign? **[15-19 November 2017]**

When is the country planning to introduce MR into its routine immunisation programme? **[20 September 2017]**

Please note that, due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to help address any such situations.

Please summarise the sections of the cMYP and/or of the plan for the introduction of MR, 10 dose(s) per vial, LYOPHILISED, that relate to the introduction of MR, 10 dose(s) per vial, LYOPHILISED. Please describe the principal items that guided the decision-making process (data taken into consideration etc., and describe the social mobilisation and micro-planning plans, in particular the strategies for unsafe areas or areas difficult to reach. If these items are included in the introduction plan or plan of action, please cite just the sections.

The vaccine selected for the campaign is MR 10 doses lyophilised, while for routine immunisation, the first choice is MR vaccine, 5 doses, lyophilised.

The principal decision-making and planning elements are contained in the different documents, in particular in the sections listed below of the following documents:

- Introduction plan: I. Context and Justification, III. Technical aspects of the combined vaccine against measles and rubella;
- Campaign plan: V. Planning and implementation.

Please summarise the cold chain capacity (at central and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain **equipment** and other **logistics** requirements. If cold chain expansion is required, state how it will be financed, and when it will be in place. Please indicate how the peak capacity for the campaigns will be managed. Please indicate if the supplies for the campaign will have any impact in the shipment plans for your routine vaccines and how it will be handled. The Independent Review Committee (IRC) requires a certain level of assurance that the cold chain is ready or will be ready for the campaign, and evidence/plans need to be provided (if they are included in detail in the plan of action, please cite the section here). All proposals that include Gavi financing for the cold chain intended for the storage of vaccines must specify equipment pre-qualified by the WHO for its performance, quality and programme security (PQS). The purchase of non-PQS equipment can only be considered on an exceptional basis, after submission of supporting documentation and with prior permission from Gavi. Please note that all Gavi-financed cold chain equipment must be pre-qualified by the WHO. The purchase of non-PQS equipment can only be considered on an exceptional basis, after submission of supporting documentation and with prior permission from Gavi.

Currently, Congo has cold chains at all levels of the health pyramid (central, intermediate and peripheral) that meet the standards required for improved vaccine storage and are thereby capable of accommodating the volume of the new vaccine. On the national level, the existing capacity is 26188 liters positive and 5766 liters negative. On the departmental level, the existing capacity is 7445 liters positive and 10762 liters negative. On the sub-national level, the existing capacity is 7143 liters positive and 3030 liters negative. Based on our experience, shipments of campaign supplies have never presented a problem; consequently there will be no impact on the shipment of routine vaccines. With regard to the cold chain equipment, we are not aware of any pre-qualification problems.

Please indicate the extent to which the activities of the campaign will contribute to strengthening routine immunisation services. Report the activities that will be carried out in the framework of the planning of the campaign to evaluate the implementation of the activities aimed at strengthening routine immunisation services, as well as the quality and level of immunisation coverage achieved during the campaign.

Immunisation campaigns are opportunities to upgrade the capabilities of health personnel, to strengthen/provide equipment in the cold chain and to make up for dropouts. Community awareness-raising

during these campaigns will also make it possible to strengthen their involvement in routing immunisation activities.

Please describe any plans for expanding measles surveillance to include rubella and plans for the introduction of Congenital Rubella Syndrome (CRS) surveillance.

The GAVI/HSS plan calls for upgrading the capabilities of health personnel, which is an occasion for the introduction of CRS monitoring tools..

Please produce the pertinent documents to support the relative estimates of the size of the target population of the campaign (DOCUMENT No.: 18).

7.2.2 Allocation of support for the operating costs of the MR campaign

For this exceptional catalytic support, Gavi will not finance the operating costs of the MR campaign

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7.2.3 Evidence of introduction of MR in the routine programme

Please provide evidence that the country can finance the introduction of Rubella Containing Vaccine (RCV) into the routine programme through one of the following:(Please attach available documents AS DOCUMENT NUMBER 17 in Section 10. Attachments)

☐ 1 - Commercial contract for purchase of MR/MMR vaccine with or without shipping documents, invoice, etc.

☐ 2 - Integration of RCV into the cMYP with a corresponding increase in the budget line for vaccines in the health sector budget adequate to cover purchase of RCV (please highlight the budget line in the cMYP costing or other document showing the corresponding increase to cover the purchase of RCV)

☐ 3 - An MOU between government and donor(s) (or other written document) committing the donor(s) to support for at least one year, the purchase of RCV for use in the routine programme OR a letter from the Minister of Finance or Budget ensuring additional funding for RCV purchase. In this case, the country must show additional evidence that the country will include MR vaccination in the routine immediately after the campaign.

7.2.4 Schedule for introduction of the RCV

The countries must describe their plan for the introduction of monitoring activities.

Does the Congo's cMYP include a plan for the introduction of RCV into the national programme? **[No]**

Please specify the timetable for updating the cMYP **October 2016.**

Please attach the Introduction Plan for the introduction of RCV into the national programme as **Document number 13** in Section 10 and also attach the Plan of Action for the campaign as **Document number 29 in Section 10**. **Please refer to the Gavi directives on requests for support for the items that must be included in the Introduction Plan and the Action Plan.**

Rubella surveillance is already being conducted jointly with measles surveillance; it is a case-based system. The cases are tested by looking for the measles IgM and the rubella IgM. Sentinel surveillance for Congenital Rubella Syndrome will be implemented in the framework of the new 2017-2021 cMYP.

7.2.5 Anti-rubella vaccine introduction allocation

Has an anti-rubella vaccine already been introduced into the national routine immunisation programme? **[No]**

Calculation of the vaccine introduction grant for MR, 10 dose(s) per vial, LYOPHILISED

Please indicate in the tables below how the one-time Introduction grant ***[1]*** will be used to support the costs of vaccine introduction and costs inherent to the essential preparatory activities (refer to the cMYP). If Gavi support is insufficient to cover all the requirements, please indicate in the table below the additional amount required and who will supplement the total funding.

Year of new vaccine introduction	Birth cohort (from Table 5.1)	Gavi contribution per target person in US$	Total in US$
2017	220,843	0.80	176,674,4

[1] The Grant will be based on a maximum award of $0.80 per person in the birth cohort with a minimum starting grant award of $100,000

Please explain how the introduction grant provided by Gavi will be used to facilitate the timely and effective implementation of the activities before and during the introduction of the new vaccine (refer to the cMYP and to the vaccine introduction plan).

Gavi financing will be used for:

- the training of technicians at all levels;
- the updating of data management and collection tools;
- public relations and social mobilisation;

- supervision;
- the transport and delivery of vaccines to the departments and health districts.

8. 8 Procurement and management

8.1 Procurement and management of routine vaccination with new or underused vaccines

No routine NVS support is being requested

8.2 Procurement and management for NVS preventive campaigns

8.2.1 Procurement and management for the MR campaign, 10 dose(s) per vial, LYOPHILISED

a) Please show how the support will operate and be managed including procurement of vaccines (Gavi expects that most countries will procure vaccine and injection supplies through UNICEF):

Gavi support covers 50% of the vaccines. Gavi will transfer the funds and accompanying documentation to the UNICEF division, which will deliver the vaccines to the country. For the 50% of the vaccines for which the country is paying, the funds will also be transferred to the UNICEF procurements division. It should be recalled that purchases of vaccines by Congo for the campaigns and for routine immunisation are purchased only via UNICEF.

b) Please describe the financial management procedures applicable to the operating support for preventive immunisation campaigns, including the procurement and related procedures.

N/A The operational costs are borne by the government and partners on the national level.

c) Please indicate whether the campaign will be carried out in multiple phases. If so, please specify how these different phases will be organised.

Not applicable.

d) Please indicate how the coverage of the campaign will be monitored, reported and assessed (please refer to the cMYP and/or to the Introduction Plan for the MR campaign MR 10 dose(s) per vial, LYOPHILISED

Submit the monitoring/assessment plan for the implementation of the campaign (Section V. Planning and implementation).

8.3. Product licensure

For each of the vaccine(s) requested, please state whether manufacturer registration and/or national vaccine licensure will be needed in addition to WHO pre-qualification and, if so, describe the procedure and how long it takes. In addition, state whether the country accepts the Expedited Procedure for national registration of WHO-pre-qualified vaccines.

Note that the necessary time for licensure should be factored into the introduction timeline and reflected in the Vaccine Introduction Plan or Plan of Action.

There is a fast, streamlined licensure procedure for the vaccines pre-qualified by the WHO and used in the framework of the Expanded Program on Immunization. The period required does not exceed thirty days.

For each of the vaccine(s) requested, please provide the actual licensure status of the preferred presentation and of any alternative presentations, if required.

MR vaccine, 10 lyophilised doses, for the campaign: not approved
MR vaccine, 5 lyophilised doses, for routine immunisation: not approved
The licensure process will be initiated after validation of the plans by the IACC.

Please describe local customs regulations, requirements for pre-delivery inspection, special documentation requirements that may potentially cause delays in receiving the vaccine. If such delays are anticipated, explain what steps are planned to handle these.

Customs formalities and the transport of the vaccine from the airport to the central warehouse will be handled by the government. The vaccines are products that must be shipped by express.

They are also subject to a reduced import duty. No delays in customs clearance have been recorded with regard to the vaccine. However, there have been delays for the dry materials delivered by ocean freight (syringes, sharps boxes).

Please provide information on NRA in the country, including status (e.g. whether it is WHO-certified). Please include points of contact with phone numbers and e-mail addresses. UNICEF will support the process by communicating licensing requirements to the vaccine manufacturers where relevant.

The role of the NRA is performed on the national level by the General Department of Pharmacies, Medicines and Laboratories.
The contacts are listed below:

- Dr. Bertin MOUANKIE, General Director of Pharmacies, Medicines and Laboratories
- MOUNTOU, Yannick (Head of the Department of Pharmacovigilance and the Promotion of Traditional Medicine, telephone: 00242 06 903 48 44

8.4 Vaccine Management (EVSM/EVM/VMA)

It is mandatory for a country to conduct an assessment of effective vaccine management (EVM) before requesting support for the introduction of a new vaccine. This EVM assessment must have been performed in the **previous 5 years.**

When was the EVM conducted? **[July 2015]**

Please attach the most recent EVM assessment report (DOCUMENT NUMBER : 20.19, 21) the corresponding EVM improvement plan (DOCUMENT NUMBER : 19) and the progress report on the EVM improvement plan (DOCUMENT NUMBER : 21). The improvement plan should include a timeline, budget of committed resources for these activities and funding gaps, if any, as well as M&E indicators to monitor progress of implementation.

If any of the above mandatory documents (EVM Assessment Report, EVM Improvement Plan, Progress on the EVM Improvement Plan) are not available, please provide justification and reference to additional documents such as PIE and External EPI Reviews.

When is the next Effective Vaccine Management (EVM) Assessment planned? **[2019]**

The EPI improvement plan is in progress, partly with HSS financing.

8.5 Waste management

Countries must have a detailed waste management and monitoring plan as appropriate for their immunisation activities. This should include details on sufficient availability of waste management supplies (including safety boxes), the safe handling, storage, transportation and disposal of immunisation waste, as part of a health-care waste management strategy. Please describe the country's waste management plan for immunisation activities (including campaigns).

The national strategy on injection safety and the management of used injection material was signed by the Minister of Health in September 2002 and rolled out on all levels of the health system. The directives of this plan are:

- the systematic use of AD syringes for immunisation,
- the use of one dilution syringe for each vial of diluent and corresponding vaccine vial;
- the collection of used syringes and needles in sharps boxes,
- the destruction of the sharps boxes according to approved methods: incineration, burning and burial.

waste from the campaign or routine immunisation is managed in each health center.

9. Comments and recommendations from the national coordinating body (ICC/HSCC)

Comments and Recommendations from the National Coordinating Body (ICC/HSCC)

10. List of documents attached to this proposal

10.1. List of documents attached to this proposal

Table 1: Checklist of required attachments

Document Number	Document	Section	File
Approvals			
1	MoH Signature (or delegated authority) of Proposal	4.1 1	**File:** **File desc:** **Date/time** **Size:**
2	MoF Signature (or delegated authority) of Proposal	4.1 1	**File:** **File desc:** **Date/time** **Size:**
4	IACC Terms of Reference	4.1 2	**File:** **File desc:** **Date/time** **Size:**
5	Minutes of ICC/HSCC meeting endorsing Proposal	4.1 3	**File:** **File desc:** **Date/time** **Size:**
6	Signatures of ICC or HSCC or equivalent in Proposal	4.1 3	**File:** **File desc:** **Date/time** **Size:**
7	Minutes of the three most recent IACC/HSCC meetings	4.1 3	**File:** **File desc:** **Date/time** **Size:**
8	Role and function of the advisory group, description of plans to create a NITAG	4.2 1	**File:** **File desc:** **Date/time** **Size:**
Planning, financing and vaccine management			
9	Comprehensive Multi Year Plan - cMYP	5.1	**File:** **File desc:** **Date/time** **Size:**
10	cMYP Costing tool for financial analysis	5.1	**File:** **File desc:** **Date/time** **Size:**

11	S&E and monitoring plan in the country, existing monitoring plan	5.1 5	**File:** **File desc:** **Date/time** **Size:**
13	Introduction Plan for the introduction of RCV / JE / Men A into the national programme	7.x.4	**File:** **File desc:** **Date/time** **Size:**
17	Evidence of commitment to fund purchase of RCV for use in the routine system in place of the first dose of MCV	7.x.3	**File:** **File desc:** **Date/time** **Size:**
18	Documentation of the population targeted by the campaign (2017 projection from the 2007 General Population and Habitat Census)	7.x.1, 6.x.1	**File:** **File desc:** **Date/time** **Size:**
19	EVM report	8.3	**File:** **File desc:** **Date/time** **Size:**
20	Improvement plan based on EVM	8.3	**File:** **File desc:** **Date/time** **Size:**
21	EVM improvement plan progress report	8.3	**File:** **File desc:** **Date/time** **Size:**
22	Detailed model budget for the grant for the introduction of a vaccine / operating costs	6.x,7.x.2, 6.x.2	**File:** **File desc:** **Date/time** **Size:**
27	Data quality assessment (DQA) report	5.1 5	**File:** **File desc:** **Date/time** **Size:**
29	Plan of Action for campaigns	7.1, 7.x.4	**File:** **File desc:** **Date/time** **Size:**

Table 2: List of optional attachments

Document Number	Document	Section	File
3	MoH Signature (or delegated authority) of Proposal for assistance to the VPH	4.1 1	**File:** **File desc:** **Date/time** **Size:**

12	Vaccine introduction plan	5.1	**File:** **File desc:** **Date/time** **Size:**
15	HPV vaccine roadmap or strategy	6.1 1	**File:** **File desc:** **Date/time** **Size:**
16	Summary of the methodology of the assessment of the HPV vaccine	5.1 6	**File:** **File desc:** **Date/time** **Size:**
23	Risk assessment and report of the MeNA consensus meeting. If the DPT was used instead, please specify.	7.1	**File:** **File desc:** **Date/time** **Size:**
25	A description of partner participation in preparing the application	4.1 3	**File:** **File desc:** **Date/time** **Size:**
26	Minutes of the meeting of the NITAG with specific recommendations on the introduction of the SVN??? or the campaign	4.2	**File:** **File desc:** **Date/time** **Size:**
28	DQA improvement plan	5.1 5	**File:** **File desc:** **Date/time** **Size:**
30	Other documents		**File:** **File desc:** **Date/time** **Size:**
			File: **File desc:** **Date/time** **Size:**
			File: **File desc:** **Date/time** **Size:**
			File: **File desc:** **Date/time** **Size:**
			File: **File desc:** **Date/time** **Size:**

			File: **File desc:** **Date/time** **Size:**
			File: **File desc:** **Date/time** **Size:**
			File: **File desc:** **Date/time** **Size:**

11. Annexes

Annex 1 - NVS Routine Support

No routine NVS support is being requested

Annex 2 - NVS Routine – Preferred Second Presentation

No NVS - routine immunisation - second preferred format requested this year

Annex 3 - NVS Preventive campaign(s)

Annex 3.1 - NVS preventive campaign(s) SNV, MR, 10 dose(s) per vial, LYOPHILISED)

Table Annex 3.1 C: Summary table for CAMPAIGN MR, 10 dose(s) per vial, LYOPHILISED

ID		Data from		2017
	Total target population	Table 5.2	#	2,013,023
	Number of doses per persons	Parameter	#	1
	Vaccine wastage rates	Table 6.4.1	#	10%
	Estimated vaccine wastage factor	Table 5.2	#	1.11
	Number of doses per vial	Parameter	#	10
	AD syringes required	Parameter	#	2,214,325.30
	Reconstitution syringes required	Parameter	#	245,790.11
	Safety boxes required	Parameter	#	27,061.27
gs	**Gavi support**	Parameter	#	**50%**
ca	**AD syringe price per unit**	Table Annexes 4A	$	
cr	**Reconstitution syringe price per unit**	Table Annexes 4A	$	
cs	**Safety box price per unit**	Table Annexes 4A	$	
fv	**Freight cost as% of vaccines value**	Table Annexes 4B	%	
fd	**Freight cost as% of materials value**	Parameter	%	

Table Annex 3.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED, associated injection safety material and related co-financing budget (page 1)

		Formula	2017		
			Total	Government	Gavi
A	Gavi support	Gavi support (gs)	50%		
B	Target population	*Table 5.3.1*	2,013,023	1,006,511.50	1,006,511.50
C	Number of doses per persons	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	2,013,023	1,006,511.50	1,006,511.50
E	Estimated vaccine wastage factor	*100 / (100 - Vaccine wastage rate)*	1.11		
F	Number of doses needed including wastage	*D X E*	2,234,455.53	1,117,227.77	1,117,227.77
G	Vaccines buffer stock	*0*	0	0	0
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	2,234,455.53	1,117,227.77	1,117,227.77
J	Number of doses per vial	*immunisation parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	2,214,325.30	1,107,162.65	1,107,162.65
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	245,790.11	122,895.055	122,895.055
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 × 1.11*	27,061.27	13,530.635	13,530.635
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*			
Y	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*			
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*			
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*			
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*			
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*			
T	Total fund needed	*(N+O+P+Q+R+S)*			

Note: Gavi will finance 50% of the total number of doses necessary to carry out the campaign (including AD syringes, reconstituable syringes and sharps boxes) and an allowance for the introduction of the vaccine of USD 0.80 per child in the birth cohort, or USD 100,000.

Annex 4

Table Annex 4A: Commodities Cost

Estimated prices of supply are not disclosed

Table Annex 4B: Freight cost as percentage of value

Vaccine Antigen	Vaccine Type	2017
MR, 10 dose(s) per vial, LYOPHILISED	MR	2.48 %

Table Annex 4D: Wastage rates and factors

The table below presents the waste rates for the different vaccines (routine immunisation and campaigns) for 2016.

Vaccine	dose(s) per vial	Maximum Wastage rate*		Benchmark Wastage Rate ***
Yellow fever, 10 doses per vial, LYOPHILISED	10	40 %	0 %	
Yellow fever, 5 doses per vial, LYOPHILISED	5	10 %	0 %	
Meningococcal, 10 dose(s) per vial, lyophilised	10	10 %	0 %	
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	10 %	0 %	
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	5 %	0 %	
Rotavirus, 2-dose schedule	1	5 %	0 %	
Rotavirus, 3-dose schedule	1	5 %	0 %	
Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	10	40 %	0 %	
JE, 5 dose(s) per vial, LYOPHILISED	5	10 %	10 %	
HPV bivalent, 2 dose(s) per vial, LIQUID	2	10 %	0 %	
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5 %	0 %	
MR, 10 dose(s) per vial, LYOPHILISED	10	15 %	0 %	

Observations:

Sources WHO recommended wastage rates

** Source: Country APRs and studies, approved by WHO, UNICEF, and the Gavi Secretariat

Note: HPV demonstration project wastage rates are the same as for the vaccine

Table Annex 4E: Vaccine maximum packed volumes

Please note that this table is used solely for reference and includes both the vaccines supported by Gavi as well as vaccines not supported.

Vaccine product	Designation	Vaccine formulation	Admin. route	No. Of doses in the schedule	Presentation (doses/vial, pre-filled)	Packed volume vaccine (cm3/dose)	Packed volume diluents (cm3/dose)
IC	IC	lyophilised	ID	1	20	1.2	0.7
Diphtheria-Tetanus	DT:	liquid	IM	3	10	3	
Diphtheria-Tetanus-Pertussis	DTP	liquid	IM	3	20	2.5	
Diphtheria-Tetanus-Pertussis	DTP	liquid	IM	3	10	3	
DTP liquid + Hib freeze-dried	DTP+Hib	liquid+lyop.	IM	3	1	45	
DTP-HepB combined	DTP-HepB	liquid	IM	3	1	9.7	
DTP-HepB combined	DTP-HepB	liquid	IM	3	2	6	
DTP-HepB combined	DTP-HepB	liquid	IM	3	10	3	
DTP-HepB liquid + Hib freeze-dried	DTP-Hib	liquid	IM	3	10	2.5	
DTP-HepB liquid + Hib freeze-dried	DTP-HepB+Hib	liquid+lyop.	IM	3	1	22	

DTP-HepB-Hib liquid	DTP-HepB+Hib	liquid+lyop.	IM	3	2	11	
DTP-HepB-Hib liquid	DTP-HepB-Hib	liquid	IM	3	10	4.4	
DTP-HepB-Hib liquid	DTP-HepB-Hib	liquid	IM	3	2	13.1	
DTP-HepB-Hib liquid	DTP-HepB-Hib	liquid	IM	3	1	19.2	
DTP-Hib combined liquid	DTP+Hib	liquid+lyop.	IM	3	10	12	
DTP-Hib combined liquid	DTP-Hib	liquid	IM	3	1	32.3	
Hepatitis B	HepB	liquid	IM	3	1	18	
Hepatitis B	HepB	liquid	IM	3	2	13	
Hepatitis B	HepB	liquid	IM	3	6	4.5	
Hepatitis B	HepB	liquid	IM	3	10	4	
Hepatitis B UniJect	HepB	liquid	IM	3	Uniject	12	
Hib freeze-dried	Hib_lyo	lyophilised	IM	3	1	13	35
Hib freeze-dried	Hib_lyo	lyophilised	IM	3	2	6	
Hib freeze-dried	Hib_lyo	lyophilised	IM	3	10	2.5	3
Hib liquid	Hib_liq	liquid	IM	3	1	15	
Hib liquid	Hib_liq	liquid	IM	3	10	2.5	
Human Pappilomavirus vaccine	HPV vaccine	liquid	IM	3	1	15	
Human Pappilomavirus vaccine	HPV vaccine	liquid	IM	3	2	5.7	
Japanese Encephalitis	JE_lyo	lyophilised	SC	1	5	2.5	2.9
Measles	Measles	lyophilised	SC	1	1	26.1	20
Measles	Measles	lyophilised	SC	1	2	13.1	13.1
Measles	Measles	lyophilised	SC	1	5	5.2	7
Measles	Measles	lyophilised	SC	1	10	3.5	4
Measles-Mumps-Rubella lyophilised	MMR	lyophilised	SC	1	1	26.1	26.1
Measles-Mumps-Rubella lyophilised	MMR	lyophilised	SC	1	2	13.1	13.1
Measles-Mumps-Rubella lyophilised	MMR	lyophilised	SC	1	5	5.2	7
Measles-Mumps-Rubella lyophilised	MMR	lyophilised	SC	1	10	3	4
Measles-Rubella lyophilised	RR	lyophilised	SC	1	1	26.1	26.1
Measles-Rubella lyophilised	RR	lyophilised	SC	1	2	13.1	13.1
Measles-Rubella lyophilised	RR	lyophilised	SC	1	5	5.2	7
Measles-Rubella lyophilised	RR	lyophilised	SC	1	10	2.5	4
Meningitis A conjugate	Men_A	lyophilised	IM	1	10	2.6	4
Meningitis A/C	MV_A/C	lyophilised	SC	1	10	2.5	4
Meningitis A/C	MV_A/C	lyophilised	SC	1	50	1.5	3
Meningitis W135	MV_W135	lyophilised	SC	1	10	2.5	4

Meningococcal A/C/W/	MV_A/C/W/Y	lyophilised	SC	1	50	1.5	3
Meningococcal A/C/W/Y	MV_A/C/W/Y	lyophilised	SC	1	10	2.5	4
Monovalent OPV-1	mOPV1	liquid	Oral		20	1.5	
Monovalent OPV-3	mOPV3	liquid	Oral		20	1.5	
Pneumo. conjugate vaccine 10-valent	PCV-10	liquid	IM	3	1	11.5	
Pneumo. conjugate vaccine 10-valent	PCV-10	liquid	IM	3	2	4.8	
Pneumo. conjugate vaccine 13-valent	PCV-13	liquid	IM	3	1	12	
Polio	OPV	liquid	Oral	4	10	2	
Polio	OPV	liquid	Oral	4	20	1	
Polio inactivated	Le VPI	liquid	IM	3	PFS	107.4	
Polio inactivated	Le VPI	liquid	IM	3	10	2.5	
Polio inactivated	Le VPI	liquid	IM	3	1	15.7	
Rota vaccine	Rota_liq	liquid	Oral	2	1	17.1	
Rota vaccine	Rota_liq	liquid	Oral	3	1	45.9	
Tetanus Toxoid	TT	liquid	IM	2	10	3	
Tetanus Toxoid	TT	liquid	IM	2	20	2.5	
Tetanus Toxoid UniJect	TT	liquid	IM	2	Uniject	12	
Tetanus-Diphtheria	Td	liquid	IM	2	10	3	
Yellow fever	YF	lyophilised	SC	1	5	6.5	7
Yellow fever	YF	lyophilised	SC	1	10	2.5	3
Yellow fever	YF	lyophilised	SC	1	20	1.5	2
Yellow fever	YF	lyophilised	SC	1	50	0.7	1

12. Banking form

In accordance with the decision on financial support made by Gavi, the Government of the Republic of Congo hereby requests that a payment be made via electronic bank transfer as detailed below:

Name of Institution (Account Holder):			
Address:			
City Country:			
Telephone no.:		**Fax no.:**	
	Currency of the bank account:		
For credit to:			
Bank account's title:			
Bank account no.:			
Bank's name:			

Is the bank account exclusively to be used by this program?

By who is the account audited?

Signature of Government's authorizing official

		Seal
Name:		
Title:		
Signature		
Dated:		

FINANCIAL INSTITUTION		**CORRESPONDENT BANK (to the United States)**	
Bank's name:			
Branch Name:			
Address:			
City Country:			
Swift Code:			
Sort Code:			
ABA No.:			
Telephone No.:			
FAX No.:			

I certify that the account No. 1110/154 is held by EPI at this banking institution

The account is to be signed jointly by at least 3 (number of signatories) of the following authorised signatories:

1		
	Name:	
	Title:	
2		
	Name:	
	Title:	
3		
	Name:	
	Title:	

Name of bank's authorizing official
Signature
Dated:
Seal: